



PATENT
ATTORNEY DOCKET NO. 05032-00010

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Henricus J.A. Stuyt

Serial No.: 09/847,696

Filed: May 2, 2001

Title: MANIPULATOR

RECEIVED

JAN 07 2003

Confirmation No.: 6199

GROUP 3600

Examiner: M. Lowe

Art Unit: 3652

Assistant Commissioner for Patents
Box RCE
Washington, D.C. 20231

Attention: Official Draftsperson

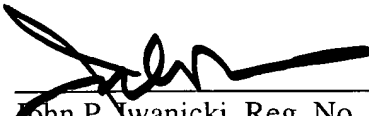
LETTER TO OFFICIAL DRAFTSPERSON

In response to the Office Action mailed August 2, 2002, please substitute the enclosed Figs. 5 and 7C, with the corrections indicated in red, for the corresponding drawings presently in the application.

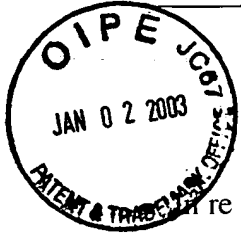
Please apply any required charges or credits to our Deposit Account No. 19-0733.

Respectfully submitted,

Date: January 2, 2003


John P. Iwanicki, Reg. No. 34,628
BANNER & WITCOFF, LTD.
28 State Street, 28th Floor
Boston, MA 02109
Telephone: (617) 227-7111

ORIGINAL



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re Application of:

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Assistant Commissioner for Patents
Box RCE
Washington, D.C. 20231

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TRANSMITTAL LETTER

Sir:

In regard to the above-identified application, we are transmitting herewith the attached:

1. Amendment and Response to Office Action;
2. Version of Amendments with Markings to Show Changes Made;
3. RCE Request
4. Petition for Two-Month Extension of Time;
5. Letter to the Official Draftsperson;
6. Two sheets of substitute drawings of Figs. 5 and 7C, with corrections shown in red; and
7. Return postcard.

With respect to additional fees:

_____ A. No additional fee is required.

_____ B. An additional fee is required and has been calculated as shown below:

CLAIMS AS AMENDED						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	52	Minus	35	17	X \$9	= \$153.00
Indep. Claims	4	Minus	3	1	X \$42	= \$42.00
			Total Additional Claims Fees		\$195.00	
Petition/Request for Extension of Time			<u>2</u> months		\$205.00	
RCE Request			Filing fee (small entity)		375.00	
			Total Additional Fees for this Amendment		\$775.00	

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** Each multiple dependent claim should be counted as the number of claims from which it depends.

 C. Attached is a check in the amount of \$.


 X D. The Commissioner is hereby authorized to charge the total additional fee of \$775.00 to our Deposit Account No. 19-0733. A duplicate copy of this sheet is enclosed.

 E. The Commissioner is hereby authorized to charge the Petition fee to Deposit Account No. 19-0733.

The Commissioner is hereby authorized to charge any additional fees or credit overpayment to Deposit Account No. 19-0733.

Respectfully submitted,

Date: January 2, 2003


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